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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/631,898
	Filing Date	August 4, 2000
	First Named Inventor	David J. Wetherall
	Group Art Unit	2731
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	109868-129990

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Copy of one (1) cited references
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Firm or Individual name	Aloysius T.C. AuYeung, Reg. No. 35,432 SCHWABE, WILLIAMSON & WYATT, P.C.
Signature	
Date	December 12, 2002

CERTIFICATE OF MAILING	
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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002 Patent fees are subject to annual revision.		Complete if Known	
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TOTAL AMOUNT OF PAYMENT		(\$)	0.00

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fee and credit any overpayments to: Deposit Account Number: 500393 Deposit Account Name: Schwabe, Williamson & Wyatt, P.C. <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																																																																																																																																																																											
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unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="5">Other fee (specify) _____</td><td></td></tr><tr><td colspan="5">SUBTOTAL (3)</td><td>(\$)</td></tr></tbody></table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	105	130	205	65	Surcharge - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Aloysius T.C. AuYeung	Registration No. (Attorney/Agent)	35,432
Signature		Telephone	503-595-2800
		Date	12/12 /2002

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